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Inaugural Dissertation
on the Dysenteria Biliosa of Virginia,
and on the use of Emetics & the Cur-
ative preparations in the treatment
of that disease. —

by
Geo. A. C. Bernhard.

of Virginia. —

"The horizon of Research is illimitable;
& the discoveries of Truth are infinite."
D. Drake.

Printed March 17th. 1826

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1841

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 11th inst. in relation to the above named subject.

I am, Sir, very respectfully,
Yours,
J. B. Smith

Very respectfully,
Yours,
J. B. Smith

1841

Pneumonia Biliosa. —

The history of Medicine attests, refutes the idle calumnies of its enemies & excites a holy enthusiasm in its votaries. — Within the short space of thirty years, Physicians have discarded the dogmas of the European schools, & have adopted a bold and original practice, founded on rational principles & confirmed by the touchstones of experience. — Science, which destroys the fictions of opinion & maintains the decisions of Nature, "proves that a knowledge of the healing art is not confined to the privileged few, but is extended to all zealous cultivators of Medicine, according to their talents & industry."

The divisions of the science into several branches, the laudable desire of fame, & the noble wish to relieve the distresses of our fellow creatures, have called forth all the energies of the human mind & thereby elicited facts not less splendid than useful in their results. — Such have been the improvements in the practice of Medicine, that almost every disease described by the celebrated Dr Cullen has been greatly elucidated & explained by the most eminent physicians. — Pneumonia Biliosa the subject of the present essay, however, has

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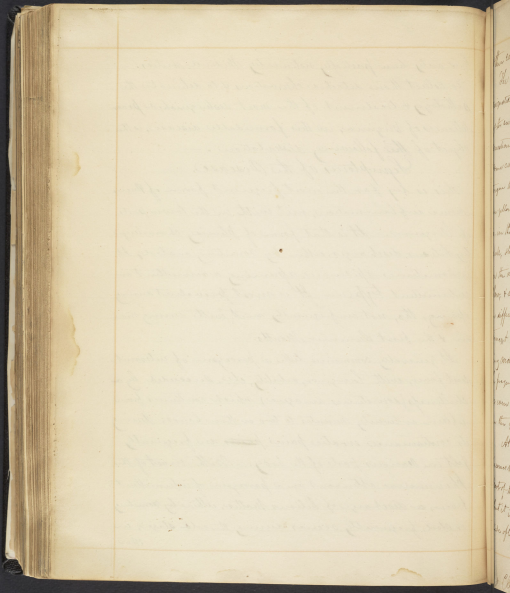
has only, been partially noticed by Medical writers. —

To collect those detached observations & to delineate the pathology, & treatment, of the most distinguished practitioners of Virginia, in this formidable disease, is the object of the following dissertation. —

Symptoms of the Disease.

This is by far the most frequent form of Pneumonic inflammation, met with in the lower parts of Virginia. — It is that form of Phthisis, characterised by bilious discharges, either by vomiting or stool. It is sometimes epidemic, assuming a remittent or intermittent type. — It is most prevalent during spring, tho, not unfrequently met with during winter & the first Summer Months.

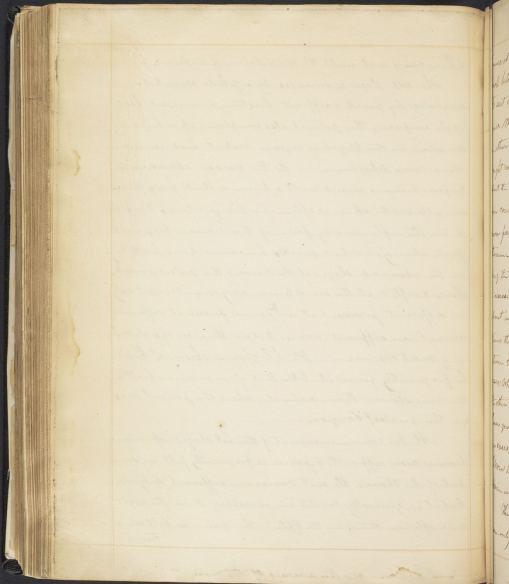
It generally commences like a paroxysm of intermittent fever, with languor, acidity, &c. Succeeded by a chilliness (sometimes an ague) which continues from fifteen or twenty minutes to two or three hours; during its continuance erratic pains ~~pains~~ are frequently felt in various parts of the body. With most of the phenomena attendant on a paroxysm of intermittent fever, a discharge of bilious matter, either by vomiting or stool frequently occurs during the cold stage; in
other



other cases not until the exacerbation of the fever. —

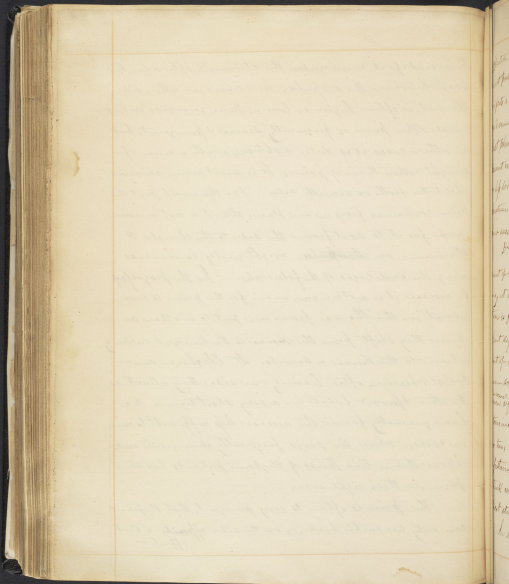
The cold stage is succeeded by a febrile exacerbation, designated by quick & difficult breathing, & increased heat of the surface; the patient also complains of a burning sensation in the epigastrie region, violent headache and in some cases delirium. — As the disease advances the tongue becomes covered with a brown or black fur; the eyes are yellow & the skin is often of a bronze colour; the pulse is, in the inflammatory form of this disease, frequent, full, strong, hard, & quick, but in some cases, particularly in the advanced stage of the disease the pulse is weak, slow, & soft, & at the same times very variable; not only in different persons, but in ^{the} same persons at different times, & in different arms, that on the side affected being most obscure. — Dr Elghorn observes, that he frequently found it like that of a man in health, or even slower than natural, when the patient was in the greatest danger. —

At the commencement of the hot stage respiration becomes more difficult, & pain is frequently felt in some part of the thorax; its seat varies in different subjects, but it is generally located in one side, & in the right side oftener than in the left. The pain is felt some
times



times, as if it were under the sternum, often in the back between the scapulae; and when in either side its seat is often higher or lower, more forwards or backwards. The pain is frequently severe & pungent, but in other cases it is dull & obtuse, with a sense of weight rather than of pain; it is most severe when seated about the sixth or seventh ribs. For the most part the pain continues fixed in one place, tho, it is not uncommon for it to dart from the side to the clavicle & sternum, or scapula, or obliquely downwards along the cartilages of the false ribs. — In the progress of the disease it is not uncommon for the pains to rove about in the Thorax from one part to another, sometimes they shift from the Thorax to the limbs, & suddenly return to the Thorax or bowels. Dr Elghorn saw cases; wherein, after leaving one side, they attacked the other & proved fatal in a very short time. We have generally found the disease less difficult to cure, in cases, where the pains frequently changed its seat. More than two thirds of Elghorn's patients had the pain in their right sides.

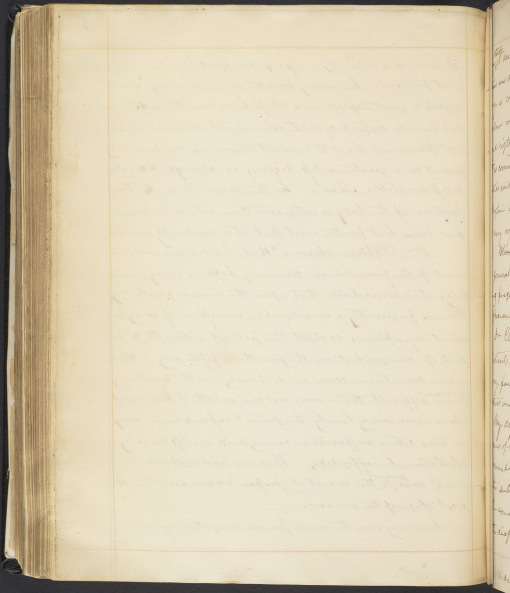
The pain is often so very pungent, that the patient can only lie on his back, or on the side opposite to that affected.



affected. It is frequently necessary to support him in an erect posture. In many cases the patient is uneasy, & manifests a great disposition to sleep; he is sometimes delirious and much disturbed with extravagant dreams. These last phenomena, tho, not constant attendants, are frequently present in a greater or less degree, and always indicate a less tractable disease. In the mean time the temperature of the body is not greater than natural in some few cases; but for the most part it is considerably increased.

Dr Coghon observes, "that, besides some abatement of the fever which commonly happens every morning, it is remarkable that upon the third or fourth day, there is frequently a considerable remission of convulsient symptoms, so that the patient is thought to be out of danger; but on the fourth or fifth day, a delirium sometimes comes on suddenly, or the breathing becomes ^{more} difficult than ever, and one or both of these symptoms increasing hourly, the patient expires in a day or two, either suffocated or raving mad; unless timely assistance be afforded. This ^{is} and disposed to think was, ^{owing} to the want of proper evacuations in the first stages of the disease.

In many cases the cough precedes every other symptom, in



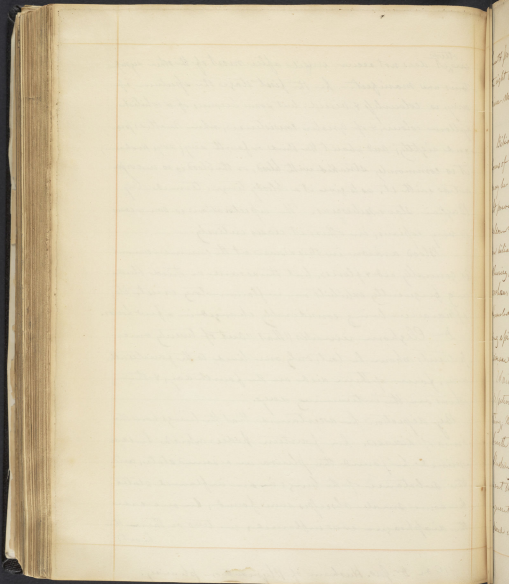
^{stage}
It does not occur until after most of the other symp-
-toms are manifest. In the first stage the sputum if
any, is colourless & viscid, but soon becomes of a whitish
yellow colour, & of greater consistence, when matters pro-
-ceed rightly; and about the third or fourth day (says Husham)
it is commonly streaked with blood, or the blood is so incorpo-
-rated with it, as to give it a bloody tinge, termed by
Bagliui stans-schescens. The expectoration is some cases
is very copious, in others it ceases entirely. —

Blood arises in this disease at the commencement
is generally red & florid, but the second or third bleed-
ing frequently exhibits an inflammatory crust, its
appearance being considerably changed in a few hours.

Dr Clegg remarks "that "out of twenty one
patients whom he lost, only one lived to the fourteenth
day, four of them died on the fourth day, & three
others on the intervening days.

By dissection he ascertained that the lungs bore the
onus of disease. In fourteen bodies which he exam-
-ined he found the pleura in a sound state, and
the substance of the lungs in an inflamed state
In some small abscesses were found, in one case
the diaphragm was inflamed, in two or three the
heart.

Wid. Dr Geo. Husham of Plymouth on pleurisy.



heart & pericardium, in one, an abscess was found in the right lobe of the lung, & in one case the sinuses of the vasa-mater were surcharged with blood. —

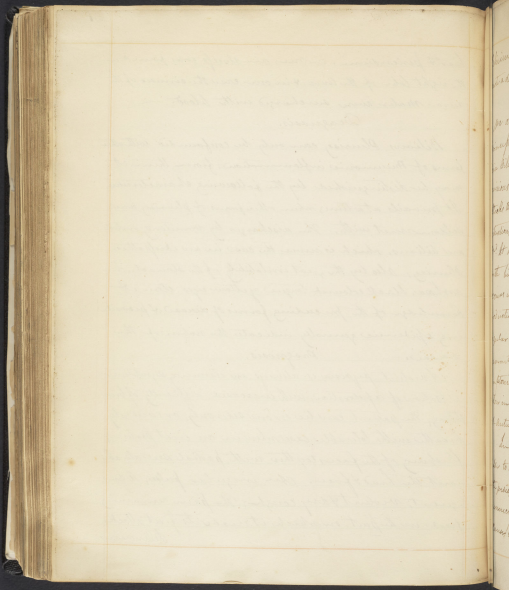
Diagnosis.

Bilious Pleurisy, can only be confounded with other forms of Pneumonic inflammation; from them it may be distinguished by the following characteristics. It prevails at a time when other forms of pleurisy are seldom met with. The discharges by vomiting or stool are bilious, which is never the case in an idiopathic Pleurisy; also by the great irritability of the stomach, diarrhoea, black coloured tongue yellow eyes etc. — A knowledge of the preceding forms of disease, & prevailing epidemics generally indicate the nature of the disease. —

Prognosis.

A violent pyrexia is always an alarming symptom. Cessation of expectoration, with increased difficulty of breathing; the patient can lie on one side only, or can only breathe with tolerable ease when in an erect posture; flushing of the face, together with partial sweats about the head & face. An irregular pulse, a frequent, violent & dry cough; the pain remaining fixed in the part, on which it made its first attack.

Delirium

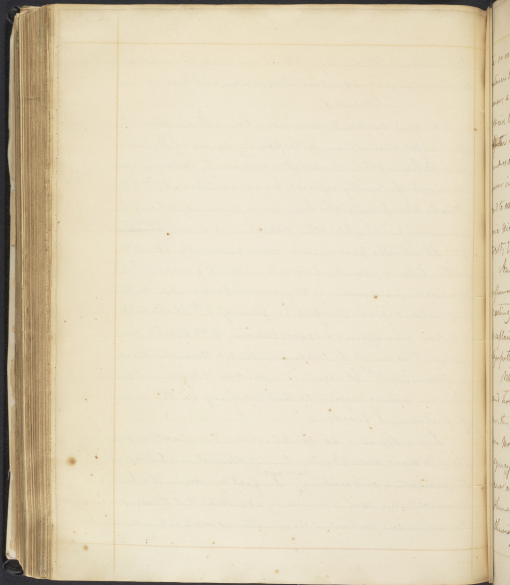


Delirium. These symptoms in an aggravated degree denote a dangerous & intractable disease, et vice versa.

Causes.

We are disposed to consider Kaino Miasmata the principal remote or predisposing cause of Pneumonia Biliosa, 1st because it is frequently epidemic in divisions of country exposed to marsh exhalations, 2nd It attacks those persons who have been previously exposed in situations favourable to the production of Miasm ~~Pneumonia~~ ^{Pneumonia}. 3rd It attacks persons, who were previously affected with bilious remittent & intermittent fever. 4th It occurs in a season of the year unfavourable to the production of an idiopathic pleurisy. 5th It observes regular annuities & exacerbations. 6th Hepatic derangement is one of its concomitant, & characteristic symptoms. 7th It requires a course of treatment similar in many respects, to that necessary in the case of autumnal fever.

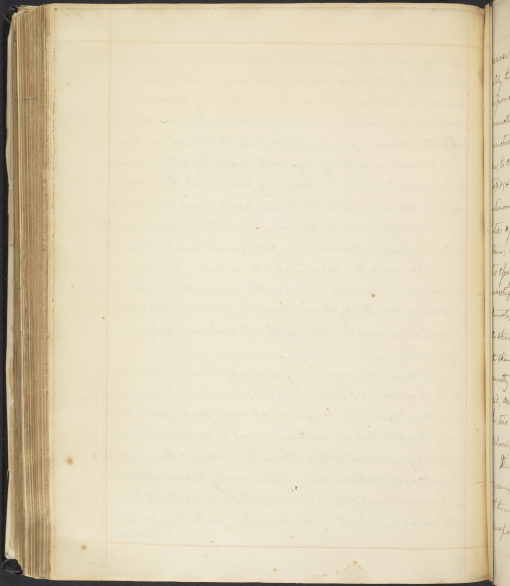
In a disease so complicated, it is almost impossible to draw an intelligible line of distinction, between the predisposing and exciting ^{causes}. In fact we deem it entirely unnecessary, as it is universally admitted, that the same causes under particular circumstances may either predispose to



to, or excite a disease. We consider it of little importance to the practitioner, to know by what particular cause, a disease is induced; whether by exposure to cold air, to moisture, or any other vicissitudes whatever. As soon as some phenomena present themselves, the same remedies are necessary, in both cases, by what cause soever induced. Having premised this, we proceed to enumerate the principal causes, but Atmospheric vicissitudes, as sudden mutations from heat to cold; Intemperance, fatigue, irritation etc.

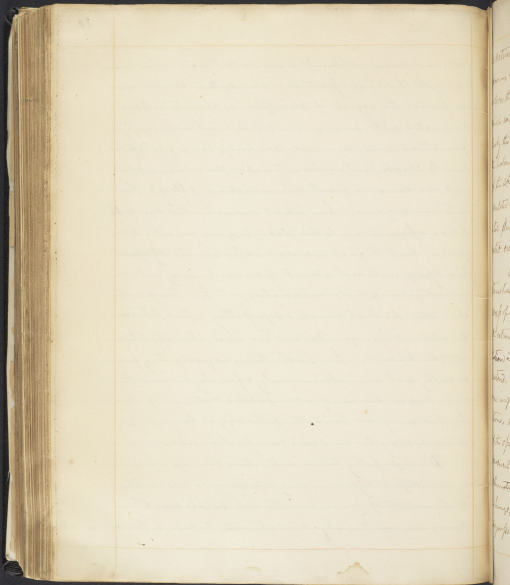
Among the agents which induces Pneumonic inflammations, cold is by far the most active; its mode of acting on the system so as to produce this effect, is explained on the principle of cutaneous pulmonary sympathy.

When the sympathy existing between the skin and Thoracic & Abdominal viscera, is called into action, the organ, or organs, already predisposed to take on morbid action on those most susceptible to its agency, are attacked; When the liver & Thoracic viscera are acted on simultaneously & manifest the phenomena above enumerated, we call it Bilious Pleurisy. But to render the pathology of this disease.



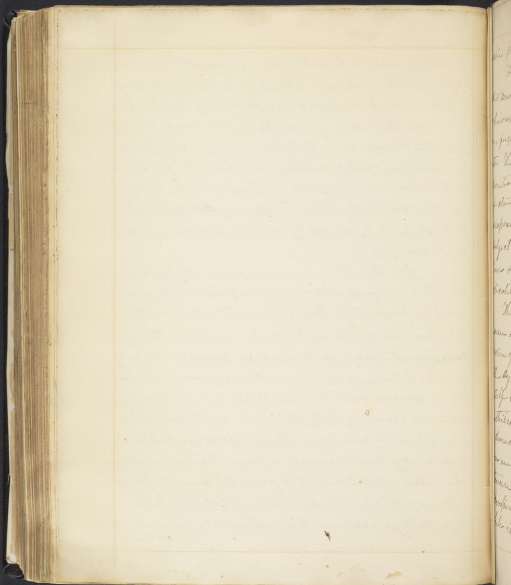
diseases more explicable, we will trace more minutely, the chain of affections, whereby these external impressions (the effects of atmospheric vicissitudes) are connected with derangement of the most important functions in the animal economy. Their first effects are, to check perspiration, to render the system torpid, & cause a great determination of blood to the interior organs. In what manner this sympathetic affection takes place, we are unable to explain; but the fact is certain & the limits assigned this essay, will not admit of our entering into an investigation of its rationale. — In temperate climates the least marked sympathy is that between the skin & lungs; And in Tropical climates between the skin & liver. In both these regions they frequently act simultaneously & finally become allied, and a disease of a complicated nature is produced. In this way we think the pathology of Rheumatic Bilious, may be rendered comprehensible. —

The sympathy between the skin & lungs, is familiarly exemplified, by immersing a person in cold water. At the instant of immersion the blood vessels on the surface of the body, are struck torpid, & the blood is.



is determined to the interior organs. A tepor an-
 -span, at the same time takes place in the capillaries, espe-
 -cially on the surface of the lungs, producing that panning
 which was observed in persons thus immersed, particu-
 -larly the delicate. - But here nature takes place
 the balance of the circulation is restored; the functions
 of the skin are renewed on the principle of acue-
 -mulated excitability: This temporary oscillation of the
 vital fluids, is succeeded by exhibition of spirits & rena-
 -scated energy.

On the other hand, if previously to immersion
 there has been exercise to produce fatigue, or an
 excess of perspiration from increased heat to weaken
 the uterine vessels on the surface; then the circula-
 -tion in the vessels on the surface cannot be properly
 restored, & the lungs or some other internal organ
 are injured, with more or less of fever & inflamma-
 -tions, according to the state of the constitution, & force
 of the operating causes. - These effects are perpetually
 produced by the sudden atmospheric transitions of our
 climate. The consent of parts between the skin
 & lungs, which we shall term "Cutaneous Pulmonic
 sympathy" explains these otherwise unaccount-
 -able



=able phenomena.

The other Sympathy which we shall notice is that denominated "Cutaneous hepatic". Its agency is most obvious in the diseases of the torrid zone; its effects are frequently manifest in the diseases of our climate. The biliary organs is weakened, by excessive secretions of bile; the consequence of a high range of atmospheric heat; And of course the liver pre-disposed to disease. So in a climate like ours, subject to frequent & sudden vicissitudes, the liver & lungs, are in many cases equally implicated & conjointly bear the onus of diseases.

That a very powerful Sympathy exists between the skin & liver cannot be doubted, if the nature of the diseases of tropical regions are examined; The Sympathy between the skin & liver manifests itself in a manner different from other sympathies. Between the skin & the other Abdominal & Thoracic Viscera the secretions & excretions, are in an inverse ratio to each other; but between the skin & liver the ratio ^{of action} is direct. As perspiration is increased in the one, secretion of bile is ^{also} augmented in the other. This explains
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the cause of the frequency of hepatic derangement in tropical countries. The functions of the liver are impaired by excessive secretions and thereby rendered obnoxious to Morbid actions.

From the above premises, our theory of the Pathology, of Pneumonia Biliosa is this.

The liver is predisposed to take on diseased actions, by the excessive heat during our summer & fall months; Marsh exhalations; previous disease etc. The lungs are always very susceptible to the agency of atmospheric mutations. The one being predisposed, the other extremely liable to take on diseased action, whatever acts powerfully on the surface of the body, acts by sympathy, simultaneously on the predisposed & susceptible viscera & they are thereby equally implicated. —

Remedies

The remedies in Pneumonia Biliosa are; the cool-betting, cathartics, Viscerotics, Emetics, Diaphoretics, Expectorants, Stimulants, and lastly, Galvanism. — Before we proceed further, it will be necessary to state, that natural discharges, have

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have ~~been~~ sometimes critical. We shall merely enumerate them, 1st expectorations & copious effluvia of urine & perspiration. (Cleghorn)
Blood letting.

Great discrepancy of opinion once prevailed respecting the proper time for drawing blood, & the quantity to be drawn. Sydenham directed his patients to lose 40 ℥s as the maximum quantity in Pleuroisy. The absurdity of this restriction is sufficiently obvious to every practitioner. The loss of X ℥s of blood will have a greater effect on one constitution, than the loss of 60 ℥s on another. Dr Cleghorn advises "to bleed until the hairs shake, or the patient begins to faint, from XVI to XXIV. ℥s are generally necessary to effect this point. If I say he" I was called on the first day of the disease, I bled as above, & repeated it in the afternoon, if performed in the morning; without regarding, the urine, expectorations, or the appearance of the blood; the P.S. was repeated the next morning if there was the least room to suspect that any obstructions remained in the head or breast. He has taken 60 ℥s in the first 24 hours.

I Rush

To Sir William Halliday Sydenham.

III Dr Rush, advises copious B.S. "It should he says,
be carried to a greater extent than even in Pleurisy
- pneumonia; rather; there being two actions to subdue
instead of one.

I The Author of an elaborate essay on Pleurisy
observes, "If a person just before in full health
should am, violent exercises debauch, or a severe
cold, be seized with a great shivering, succeeded
by heat, very much oppression and load in the
breast, with difficult, quick & hot respiration
& more or less cough, blood is to be drawn imme-
-diately, from a large orifice, & in considerable
quantity.

II Hildanus Triller & Sydenham bled their
patients from the arm of the affected side; whereas in
Portugal an Edict was issued prohibiting any
Physician from letting blood from the affected
side in Pleurisy. We consider it of little im-
-portance on which side it is performed, provided
a decided improvement be made on the system.

Were it necessary the list of authorities could
be extended to a considerable length; but as the use
of the lancet has not been objected to by any,
we

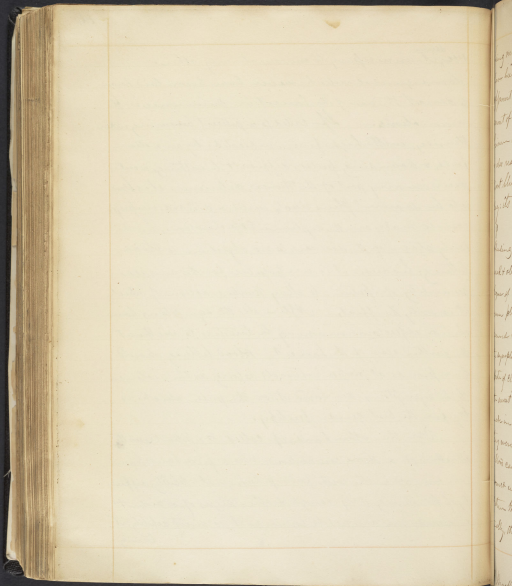
III Rush's Public lectures, § Dr Geo Huaham

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^{danger} it unnecessary to enumerate any other. —

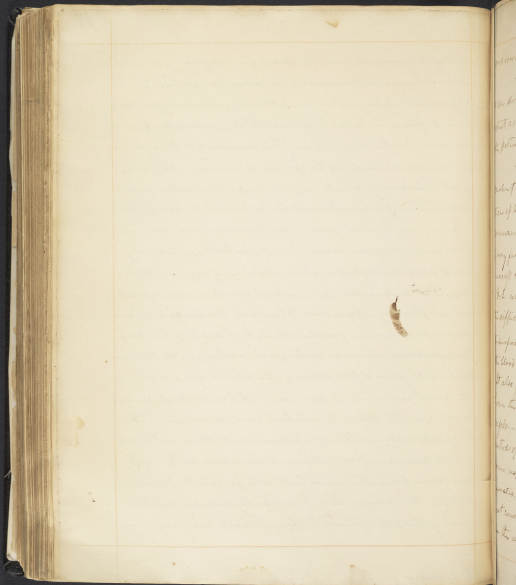
Some general rules have been laid down to direct the use of the lancet in Pneumonic inflammation. — If called to a patient, labouring under Pleurisy, with high fever, indicated by an actings pulse, & bounding pulse, difficult breathing, a cutting pain in any part of the Thorax, delirium, etc. — It is to be drawn "pleurovivo" until a decided improvement is made on the symptoms. Expectoration, in the early stage of the disease, is no objection to blood-letting; because it is impossible for the small quantity of Sputum to allay Morbid action, of which it is only the effect. — After all the symptoms have abated, expectoration may be trusted to without the further use of the lancet. Blood letting should be repeated at proper intervals as long, as the violence of the symptoms demand it, or the pulse which is by far the best guide justify.

On the other hand, if called to a patient recently attacked of a strong constitution, who a few hours before was in good health, with full pulse, great debility, difficulty of breathing, dry cough, & other signs of a violent disease: now and not to consider it as direct debility; it being



being only indirect, & in this case if no depleting remedies have been used previously, we should resort to B.S. the opposite debility, being caused in most cases by engorgement of some vital organs. B.S. restores the Equilibrium in the circulation; the excitability of the system is also reawakened, & the pulse is raised. After the first bleeding, which should be on the first or second day: its repetition should be regulated by the pulse.

§ Scheller gives a case to prove how effectual bleeding may be, even when the patient is extremely weak & all the symptoms notwithstanding, aggravated to a degree of violence. — In a robust youth, under a most severe pleurisy, after two plentiful bleedings the disease seemed to change for the better; but on the fifth day the symptoms returned with great violence, so that in spite of Clysters & Vesicatories, the patient appeared to be in the most imminent danger. A large Orificer was made in the veins of both feet, now so cold, that 100. they were fomented with warm water, not a drop of blood came; upon which water was continually poured upon them so hot as to fetch off the cuticles & then the veins bled plentifully enough, & so effectually, that the patient almost half expiring, revived and



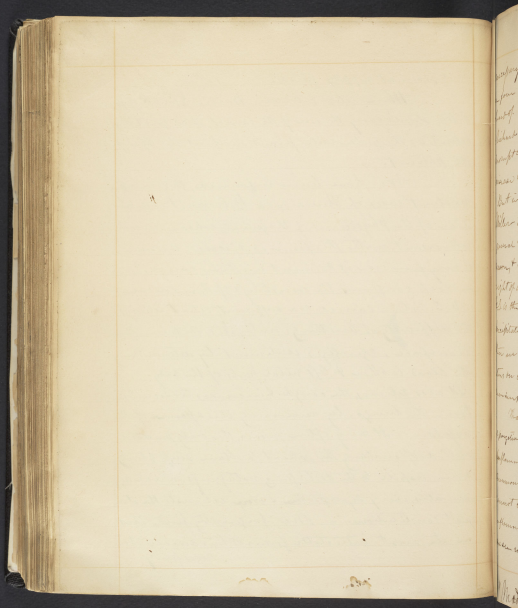
and was most happily cured.

When relapses occur Baron Stork says, "We should carry the use of the lancet, to as great an extent, as the pulse will permit without the life of the patient."

We have been informed, that in many violent cases of Pneumonia Biliosa, it is the practice of the Physicians of Virginia, whose most conversant with this form of disease, to recommend a very free use of the lancet in these cases, & their success confirms the correctness of this course.

B.S. when carried to a sufficient extent relieves the difficulty of breathing, mitigates the pain, closes the surface, equalizes circulation by determining the blood to other & left vital parts of the body.

It also relieves, the cough & increases the secretion from the lungs, by removing the spasm of the vessels. — It very often proves, the only practical method of enabling the patient to obtain sleep, & thereby some respite to the distressing restlessness, which aggravates every symptom & soon exhausts the strongest constitutions. — We frequently find, that in the most intractable forms of this disease it is necessary

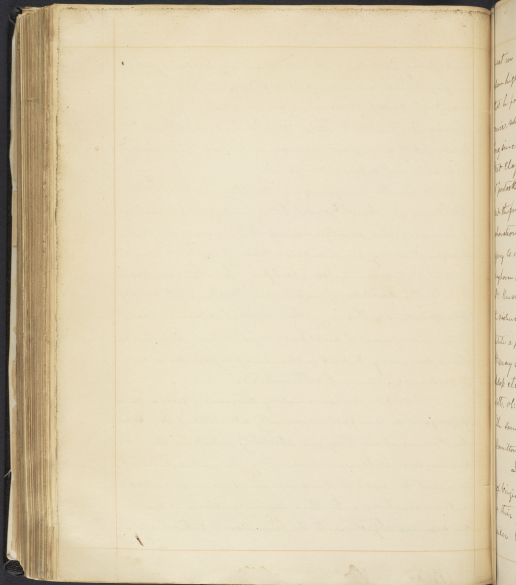


necessary to repeat the blood letting as many as three or four times a day. *pro n. nota.* We have heard of cases occurring in the practice of Drs Richards Field & Thos. F. Williams, in which, this prompt & energetic course cut short this violent disease in a few days. —

But in the language of the eloquent late "Dr Miller of New York" "It is impossible to establish general rules for the use of B.S. every Epidemic season, & every individual case greatly claims the right of deciding for itself. In the one case B.S. is the anchor of hope; in the other, it may precipitate death. — And besides extreme cases there are mixed & doubtful ones, where danger threatens on every side & a choice of difficulties only remains. — Cathartics.

That all inflammatory diseases require the use of purgatives, is a fact universally admitted. In *Hepatic* inflammations they are absolutely indispensable. In *Pneumonic* inflammations, they are indicated but cannot be used to the same extent, as in other local inflammations. In this particular form of disease we see no objections to the free use of cathartics, at least

"Mad as a horse!"



least in the commencement. Dr. Chapman then
 shows higher authority could not be given, observes,
 that he found purgatives necessary in the winter Epid-
 emics, which prevailed in the Northern States not
 long since; Particularly among the members of the
 Middle Class from the Southern States. in whom
 it partook strongly of a bilious diathesis, and accom-
 -panied the frequent evacuations from the bowels. - In cor-
 -roboration of the correctness of this practice, it is only ne-
 cessary to mention the names of Sydenham, Huxham
 Sydenham, Rush & Hamilton.

Dr. Rush observes "we should use daily purgatives while
 the violence of the disease continues; Colours should con-
 -stitute a part of all the purgatives used in this disease.
 It may be combined with Rhubarb, Spemanha
 Jalap etc, and assisted in its operation by the neutral
 salts, ol. Ruminor Rhubarb & Magnesia etc etc.
 The same purgatives are recommended by Dr. James
 Hamilton

Drs Richard Field & Thos. F. Gilliam
 of Virginia, gentlemen eminent for the correctness
 of their pathological views & successful practice, con-
 sider Colours the "sine qua non" in the treatment
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this form of disease. They use it freely while the tongue is foul, the eyes yellow, or much vascular action exists. This has been the course of practice followed by them, for a number of years. We consider their almost unparalleled success in the treatment of this form of pleurisy, sufficient evidence of the correctness of the course of practice pursued by them. There is however one precaution, which should always be attended to, in their administration, never to allow their action the intestines to be such as to endanger a suppression of the sputum, as this result would in many instances destroy the patient.

Vesicatories.

Blistering the side & other parts of the body, in painful & inflammatory diseases, is an ancient remedy, yet considerable diversity of opinion exists respecting the time of application. It was long the custom of Physicians, & in fact is yet the practice of some to apply a blistering plaster to the pained part or to approximate it as near thereto as possible in the early stage of all inflammatory diseases of the thorax.

Dr. Geo. Pringle observes "In treating great numbers in the Hospitals, I found no inconvenience from

° Pringle's diseases of the army.

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from using the blister immediately after the first bleed-
ing, but, on the contrary, a more sudden & certain
relief; May frequently when the surgeon was not
at hand, I have had the plaster put directly to the side
and the patient bed afterwards, being satisfied, if the
vein was opened before the flies had time to stimu-
late. — Dr Pringle made of early blistering
has been sanctioned & followed by many eminent
physicians; We think it highly reprehensible and
have authority equally good on our side.

Dr Pringle practised in an army hospital, where
we may reasonably suppose the patients were greatly
debilitated, by fatigue, exposure, want of wholesome
food etc. In this case the early application of
blisters was less objectionable than in the country,
where the people are for the most part in an oppo-
site situation. We are disposed to think, that the
proper time for applying a blister is after a state
of direct debility has been induced, by copious
B. & other evacuations; The more especially in Pne-
umonia Biliosa.

In this disease we should endeavour to
relieve the most urgent symptoms first, febrile
exertion

excitement, difficulty of breathing, delirium etc.
all imperiously demand the use of sedating reme-
dies: But & purgatives have a tendency to relieve
pain &c. by diminishing inflammatory action. -
Shall we then increase the excitement of the system
already too much excited by the additional stimulus
of a blister? by it the very symptoms we wish
to remove are increased in violence. -

We admit that cases frequently occur, in which
a blister may be applied with perfect safety, & great
advantage after the first bleeding, provided it was
copious. These are for the most part, the attacks
of delicate females, or persons who had been pre-
viously debilitated by disease. We know that
it is the practice in Virginia as a general rule
never to apply a blistering plaster in these cases,
until arterial action has been sufficiently re-
suced, as the first effect of that remedy is to in-
crease the action of the blood vessels, which might
thereby produce effusion or some organic affec-
tion of the lungs. Sinapisms, liniments & fomentations
should not be neglected, as they are frequently ser-
viceable.

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Emetics.

In the treatment of Pneumonia Biliosa. No one set of remedies deserves more attention than Emetics.

They facilitate the discharge of the Bronchial secretions, they induce Diaphoresis. They relieve the cough, they remove those sticks which so frequently remain fixed in some part of the Throat. They prevent the superintention of the most formidable of all diseases, & which has been very justly termed the *Opidium Medicorum* from the earliest Medical records, *Scorbutus Pulmonalis*.

Baron Anthony Sorek professor at Vienna (to whom the Medical world is so much indebted, not only for the many valuable articles which he investigated & annexed to the list of the *Materia Medica*; but also for his indefatigable exertions to raise the Medical profession to its present improved state) was the first among the moderns who recommended emetics in the treatment of Pneumonic inflammations. "He says, when there is a weight about the stomach & a constant endeavour to vomit. An Emetic of Ipecacuanha & Tartar emetic will relieve the patient."

P The Author of an elaborate Essay on Pleurisy observes

Dr. John Hershman of Plymouth

Observes. I have several times given an Emetic in Peripneumonies with great advantage, when the Expectoration has been suddenly suppressed, & the difficulty of breathing greatly augmented; but it was when a proper quantity of blood had been drawn antecedently, and the violence of the fever abated: but in such cases very little should be drank after it to promote vomiting.

The efficacy of *Oxygala Scilliticum* in relieving Catarrhatic disorders is notorious. The mighty cures in Pleurisies etc, boasted of by Melanderus and others, with the Antimonial *Agera benedicta*, were greatly owing to its emetic quality. And the famous *Poudre des crachemens* or *Kermes Mineral*, gained such high reputation in Pleurisies etc, in a great measure from the gentle efforts it excites to vomit.

The best Antimonial preparation, which I have ever tried, is the *Vinum benedictum*, or glass of Antimony in wines."

Dr Huxham asserts, "That patients are weak in acute diseases, bear depletion by purging, much better than by bleeding, purging ^{or}

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Emetics says an eminent public teacher, are particularly proper if bloodletting has been neglected, or where there is much phlegm.

They have snatched many a person from the grave. They are also recommended by Sir J. Pringle.

Dr Halyoke recommends "from one to four grs of Turpeth Mineral with a little Speacemache as an emetic. It is very efficacious in removing phlegm when very tenacious. In small doses as $\frac{1}{4}$ or $\frac{1}{2}$ grs every 2 or 3 hours it proves a most powerful expectorant, where the lungs are greatly oppressed with viscid phlegm. It has snatched many persons who seemed on the point of suffocation from the grave. — It is given in a little honey. —

Dr Peschier of the canton de Vaud in France in the warmth of his enthusiasm, says "he has abandoned all dangerous depletions & counter-irritations in the treatment of pleurisies & tracheitis entirely to emetics. he disperses six or eight grains of Tartar emetic in $\frac{1}{2}$ of warm water, of which he gives a table spoonful every two hours in an

11 Presch. & Med. Reports.

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no 2. 1822.

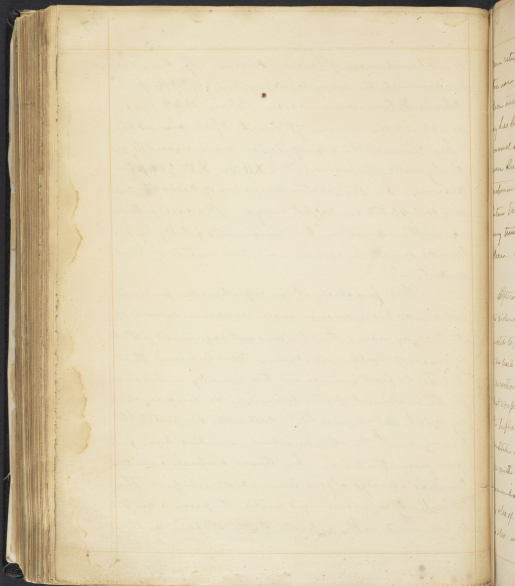
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an abundance of Coction Oils. If there occurred much tendency to perspiration $\frac{zj}{j}$ of the spiritus Aethers Nitrosi was added. When there was much insomniacum $\frac{zj}{j}$ direct Opia was added.

In general the dose of Tatar was increased iii grs daily until the patient took Xii or XV grs per diem. In the greater number of cases the cure was completed in eight days. No case of pneumonia inflammation has terminated fatally in his hands since he commenced this method of treatment.

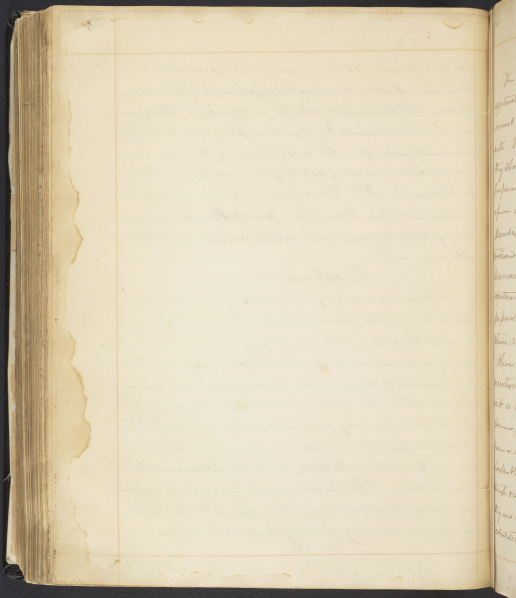
This practice is too reprehensible for us to notice, as his indiscriminate recommendation of the remedy proves, that he was not acquainted with the resources of Modern Medicine, nor believe that Dr Field first introduced this remedy in this state in the treatment of this disease. He confides chiefly in it, whenever N.S. cathartics & repeated blistering, with the other anodyne remedies have failed to remove the pain. In these desperate cases Emetics always afford immediate relief. The vomiting is encouraged until the pain is completely removed. He repeats them as often as the
pain



pain returns. It is a remarkable fact attending
 their use that as soon as the discharge of bile takes
 place instantaneous relief is afforded. This reme-
 dy has been used by various physicians with
 unusual success. It is surprising that we have
 never known any activity to result from this
 treatment. Dr. Ferri recommends one grain of
 Tartar Emetic from Scruple of *Opacacanthus*
 every twenty minutes until vomiting takes
 place. —

Emphoretics.

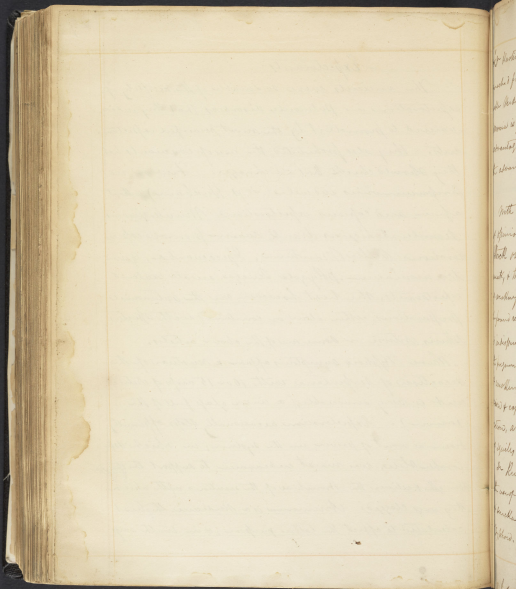
After the necessary evacuations have been used &
 the violence of the disease moderated, Emphoretics may be
 resorted to, with great advantage. They are however
 to be used with caution. Dr. Chopin recommends
 a decoction of *Serpentina Virginiana*. This we think
 best adapted to the Symplic form of the disease. For
 the Inflammatory form, the Pulmonary preparations
 constitute the best Emphoretics. They may be combin-
 ed with Nitro of Potash, or with *Spineus Spec-*
acanthus. A decoction of the *Polygala Senega*
 is also of great service. The *Spiritus Mindereri*
 is also a remedy of very fair promise.



Expectorants.

The ancients were so sensible of the necessity of expectorations in Pulmonic diseases, that they endeavored to promote it by the most powerful expectorants. They also prohibited the use of evacuants lest they should check that discharge. Few or no purgatives and emetics (says Huxham) without a free and copious expectoration. Mucilaginous Decubent Lixours drank warm promote expectoration. Scilla Maritima, Ipecacuanha, Gum Arumiacum, Polyzola Senega are all excellent expectorants, the best however are the antimonial preparations, either alone or combined with Spiritus Aetheris Nitrosi or some one of the above articles.

When Hoarse symptoms appear a mixture of the decoction of Serpentina with 10 or 15 drops of Citric acid is very serviceable, (a wine glass full of the former). Expectoration occasionally stops apparently from a want of power in the system; in which depressed States, we must endeavor to support the strength & relieve the Bronchiae of the secretions with which they are clogged. Arrumiacum is a Medicine, the best calculated to effect the latter purpose; & in truth says



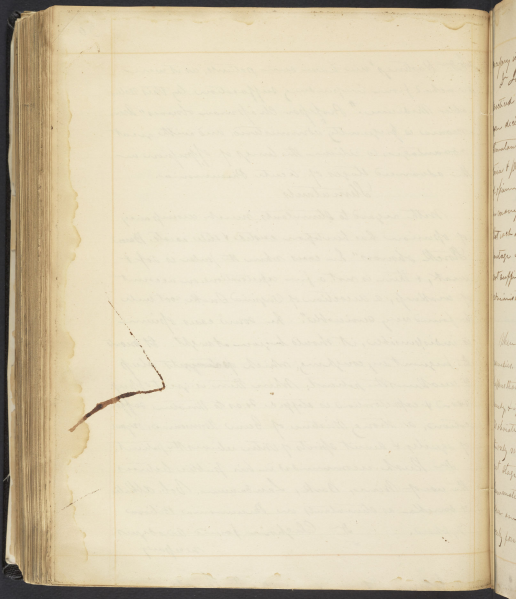
Dr. Hastings has seen patients, as it were
 snatched from impending suffocations by this Valu-
 able Medicine. * Professor Chapman observes "Muc-
 monia is frequently administered, and with great
 advantage, to relieve the lungs of oppression in
 the advanced stages of Acute Pneumonia.

Stimulants

With regard to Stimulants much discrepancy
 of opinion has hitherto existed & still exists. Baron
 Storch observes "In cases where the pulse is soft &
 weak, & there is not a free expectoration, on account
 of weakness, a decoction of Virginia Snake root will
 be found very serviceable". In some cases Opium
 is indispensable, it should begin at night. It prevents
 the frequent dry coughing, which ~~perpetuates~~ sleep
 & weakens the patient. When there is great oppres-
 sion & expectoration is stopped so as to hinder suffo-
 cation, a strong Mixture of Gum Mucronia, Syrup
 of Squills & sweet Spirits of Nitre relieves the patient.

Dr Rush recommends in his public lectures
 the use of Wine, Bark, Laudanum, Pot. Alkali
 & Sarsaparilla as stimulants in Pneumonia Bilious
 Typhoid.

Dr. Cleghorn found Anodynes
 necessary

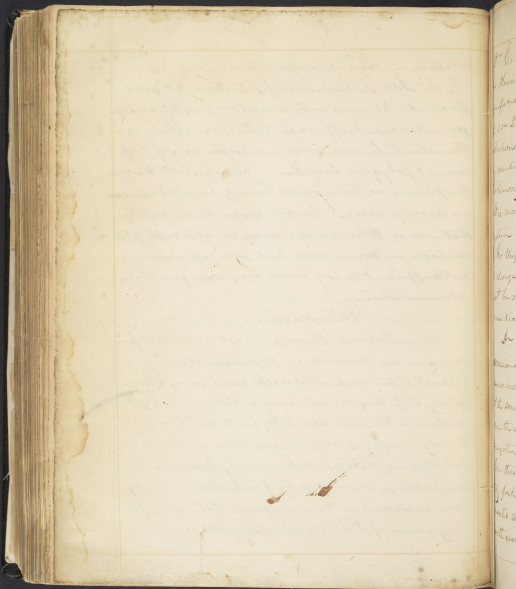


necessary in cases of excessive vomiting.

Dr Jas L. Gilliam of Petersburg, Va who practiced 30 years with almost unparalleled success, gave decided preference to the Col. alkali as a stimulant, he also recommended the use of Scopolia & polygala Seneca. He reprobated the use of opium in this disease having found it injurious in many cases. - He was under the impression that each of these articles may be used with advantage in some cases, but our experience is not sufficient to lay down any rules for their administration.

Salivation.

When Bilious Pleurisy does not yield to the above remedies, we should induce Ptyalism. It sometimes happens that the cough, stitches &c resist every other remedy, & if they are not removed Phthisis is induced. To obviate this Salivation is key for the least, & in fact the only means of fair promise; - Even in the incipient stages of Phthisis supervening Pneumonic inflammation, Mercury is by far the best remedy. We are under the impression, that this is the only form of Phthisis which yields to salivation.



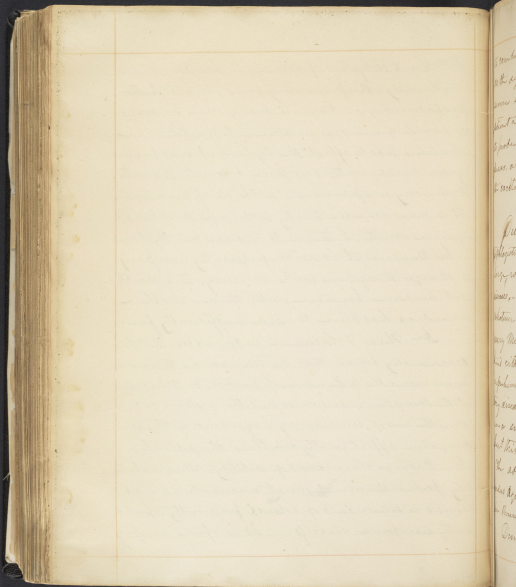
D^r C. F. Holyoke of Salem, he has used Mercury in Phurise, & Anpnumony for 47 years. ~~With~~ great advantage. Calomel was given in doses of 1 or 2 grains as an alterant & when the intention was to affect the system, it was frequently combined with camphor & sometimes with Arsenic or opium, or with all of them together.

It is more desirable thereby to change the state of the system with it than to induce free Phytionia.

In Virginia it is not unfrequently necessary to change the system with Mercury, this should not be done however until the use of other remedies has been carried sufficiently far.

In Thos. F. Sullivan informs us, that he occasionally finds, that the stomach in this disease becomes insensible to the action of Emetics, & the intestines at the same time are in so irritable a state, as to render the use of Emetics very hazardous, as their purgative effect greatly debilitates the patient.

In these extreme cases of debility, which absolutely forbid the use of direct evacuants, he has resorted to small doses of Calomel frequently repeated with uniform success. It is often necessary to



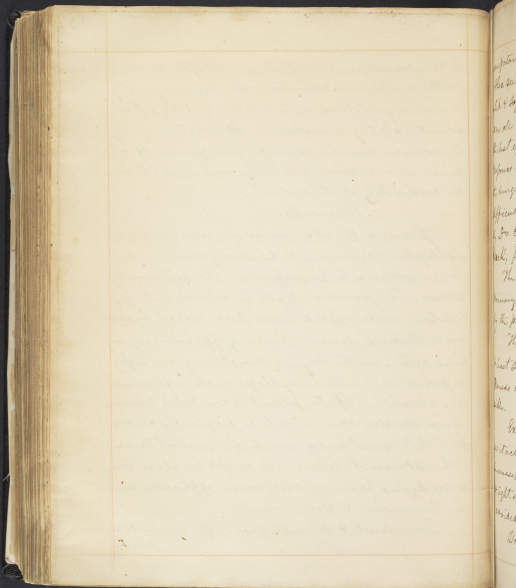
to combine opium with the Mercury. As soon as the system is saturated with Mercury every severe symptom of the disease yields & the patient rapidly convalesces. It is not necessary to produce much soreness of the gums. It operates, as a charm to equalize excitement & to remove the excitability of the system.

Remarks.

During the whole course of treatment, the antiphlogistic regimen is to be strictly observed. A large room is to be preferred in all inflammatory diseases. The pernicious effects of external heat, by whatever mode applied have been noticed by almost every Medical writer. Heating applications of every kind either in the dry, or moist way, are highly reprehensible in the early stages of all inflammatory diseases. If the patient is compelled to remain in a small room, it is to be frequently aired, but this must be done with the greatest caution.

The advice of Celsus "in arripe conclave tuum induas Agens" is in no case more applicable than in Pneumonic inflammation.

Demulcents & diluents, are of the greatest im-
portance



importance during the treatment of this disease. Flax seed tea, barley water, toast water, acidulated & Saponaceous liquids, plain water etc, are all used occasionally in Virginia, with the best effect. The inhalations of stimulating vapours in the secondary stage of the disease, when the lungs are oppressed & respiration rendered difficult thereby, has been highly recommended by Drs Chapman, by Van Swieten, Huxham, Hech, Pringle, Rush & others.

The cleanliness of the patient is an object of primary importance & should never be neglected by the practitioner.

The diet should be of the most digestible & least stimulating kind, as. Rice, Tapioca, Sago, Panada etc, Meats of every kind are inadvisable.

Exercise of every kind must be prohibited, as it acts as a very powerful stimulus, & thereby increases inflammatory action. Conversation & light, are also stimulants which should be avoided.

Delirium is a very alarming symptom
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it is often the effect of the very great sympathy between the brain & stomach; it is to be treated by a blister to the Epigastrium, or on the back part of the neck, or between the shoulders, & the strict adherence to the antiphlogistic regimen.

After general D.S. has been carried as far as the state of the system will justify: more blood may be drawn by cups & leeches, they relieve pain etc, not so much by the loss of blood from the general system as by relieving the distended capillaries of the pained part. dry cupping is also of great service, when no more blood can be drawn from the patient with safety.

Geo. A. C. Barham.

